

Las Vegas. Next to me was a physician. I was a new Senator. He said: You and Congress need to do something about Alzheimer's; otherwise, you are going to bankrupt America. With people living longer, there is more Alzheimer's coming all the time. We have made progress. We still have a long way to go.

These innovations have the possibility not only to save lives but to save us all billions of dollars each year on medical care. The NIH is an intellectual and economic leader the world over. Everybody looks at the NIH as the premier research facility for disease.

But the senseless meat ax, unfair cuts we call sequester, puts all that NIH does at risk. As we, this wonderful, great country of ours, are slashing investments in medical research—slashing—our competitors are redoubling their efforts: China, 25 percent increase in medical research; we are cutting billions. In just 2 years, with the sequester deal, we will cut almost \$4 billion. China is increasing theirs by 25 percent; India by 20 percent; South Korea, Germany, Brazil, 10 percent. We are whacking ours, cutting these wonderful scientists. These countries, all they are trying to do is duplicate our success, replicate our success. While they are doing that, we are abandoning investments that brought us to where we are.

But medical innovation does not happen overnight. It takes years of research, years of trial and years of error, quite frankly, years of the process of elimination. One of the institute Directors—we talked about spinal cord injuries. They are making progress with something they thought a few years ago worked really well, but further tests said it works only a little bit, not the way they thought it would.

Even when scientists know the cause of a disease—as I have indicated, they have figured out some of this with gene sequencing—it takes an average of 13 years to develop a drug to treat that. These shortsighted cuts in the research funding will cost us valuable cures tomorrow. While these costs may not be felt this month, this year, or even this decade, their long-term consequences will be grave.

Now, we say it may not be felt this month. To the scientists working there, they are going to feel it very quickly because some of them are leaving. Imagine if we had neglected our commitment to finding effective treatments for cancer, heart disease, or stroke a few decades ago. Imagine if we had abandoned investments in treatment for HIV/AIDS in the 1980s and 1990s. Think of the burden that would have been not only on the people who were sick and dying but the burden it would have been on our economy because of the huge cost, the lost time at work, and all the medical stuff. We do not have to worry about that anymore. Imagine lives cut short.

We can all agree that reducing our deficit is a valuable goal. We have done

a good job—\$2.5 trillion. But we should reduce the deficit by making smart investments, not by the making shortsighted cuts that cause pain and suffering and death. There is simply no price tag you can put on that.

RECOGNITION OF THE MINORITY LEADER

The ACTING PRESIDENT pro tempore. The Republican leader.

HEALTH CARE

Mr. MCCONNELL. Mr. President, a few months back one of our Democratic colleagues warned of a huge train wreck on the horizon—the implementation of ObamaCare. Yesterday we received another warning as ObamaCare speeds down the tracks. This one came from the Government Accountability Office, which highlighted a number of missed deadlines that cast doubt on the ability of the administration to even get the law up and running by October 1.

Of course, the GAO is not the first to issue such warnings. Some of us have been sounding a similar call literally for years. What we have said is that ObamaCare is set to become a bureaucratic nightmare. Most of the law's key provisions have not even been implemented yet. Not a single American has signed up for an exchange. Already it is turning into one big mess.

It was not hard to see this coming. We are talking about a 2,700-page piece of legislation. We are talking about a law that has already generated more than 20,000 pages of regulations—literally a redtape tower 7 feet tall. We are talking about an edict that proposes to alter one of the most personal, most private aspects of our lives in a fundamental way. So it does not take an expert to understand what that leads to—reams of paperwork; a massive new bureaucracy; the coordination of numerous, hulking government agencies, including, of course, the IRS.

It cannot be done without the people the government is attempting to regulate—the doctors, the hospitals, States, small businesses, hundreds of millions of Americans—actually having a clue how to comply. Nobody knows how to comply. The law is maddeningly complex. So, of course, ObamaCare is going to be a mess—going to be a mess. We said it would be. Actually, it already is. Yet earlier this month the President said that ObamaCare was “working the way it is supposed to.” That is literally what he said.

Maybe that is why just yesterday a survey of Americans showed that only 19 percent—fewer than one in five—believe ObamaCare will make their family better off—only 19 percent. It found that a much greater number—roughly half of Americans—worried about losing the health care coverage they already have.

There was another survey released too, a survey of small business owners.

It found that 41 percent of small business owners said they had frozen hiring, literally quit hiring people because of ObamaCare—41 percent of small businesses. About 20 percent said they had already reduced their workforces because of it. Forty percent quit hiring people and 20 percent reduced their workforce because of ObamaCare. Remember, this is a law that is still being implemented, and many businesses already seem to be laying people off. I hope that is not a preview of what we will see once ObamaCare actually comes online. But given the evidence thus far, it is hard to draw a different conclusion.

The Kentucky Retail Federation recently cited ObamaCare as the thing having the most impact on their businesses' ability to grow. As the leader of that group put it, the companies in his federation are hesitant to take on new staff or to invest in their own business growth until they know how much health care reform is going to cost.

So if this is the law that is “working the way it is supposed to,” then it is obviously a very bad law. It is Congress's duty to repeal bad laws. I hope that it will. I hope my Democratic friends here in the Senate will finally work with us to do just that because we cannot do it without them. They have the majority. If they can muster the will to admit their mistake, I hope they can also find the will to work with us to start fresh on health care. This time, I hope they will actually work together with Republicans to get something done for the American people. In my view, that means pursuing effective, step-by-step reforms that cannot only lower costs but they can also be implemented effectively and understood completely by the constituents we were sent here to serve. I know my constituents back in Kentucky would expect as much of us, and frankly they should expect that much of us.

SENATE RULES

Mr. MCCONNELL. Mr. President, as I have talked about repeatedly over the last few weeks, there is a cloud hanging over the Senate, an unease throughout the Senate entirely on the Republican side and some on the Democratic side as well, and that is this: We had a discussion at the beginning of this Congress about what the rules of the Senate would be for this Congress this year and next year. After that bipartisan discussion, we passed two rules changes and two standing orders. The majority leader said we had determined what the rules of the Senate were going to be for the next 2 years. He gave his word that we would not break the rules of the Senate in order to change the rules of the Senate—the so-called nuclear option. Yet he has continued to hint that maybe that was not what he had in mind.

So what my colleagues and I are asking the majority leader to do is to